

1724

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Yuma BUREAU OF VITAL STATISTICS State Index - - - - No. 615
 District Lowerton ORIGINAL CERTIFICATE OF DEATH County Registrar's - - No. 9
 Town or City Lowerton No. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street number).

2. FULL NAME Amelia Lugo
 (a) Residence. No. (Usual place of abode) St. Ward
 Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE negro 5. SINGLE, MARRIED, WIDOWED or DIVORCED single
 (Write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
June 16 - 1924

6. DATE OF BIRTH (month, day and year)

7. AGE Years 2 Months 2 Days 15 IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (city or town) Phoenix (State or country) Ariz

10. NAME OF FATHER Miguel Lugo

11. BIRTHPLACE OF FATHER Mexico (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Josefina Benal

13. BIRTHPLACE OF MOTHER Phoenix (city or town) Ariz (State or country)

14. Informant (Address)

15. Filed Apr. 1 1926 DR. L. A. Lugo Local Registrar.

Filed 19 County Registrar.

V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 31 1926

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1926 to March 31, 1926

that I last saw alive on March 25, 1926

and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Phyllis G. Colby M. D.

3-31-1926 (Address) Yuma

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery

DATE OF BURIAL 3/31/26

20. UNDERTAKER none

ADDRESS Yuma

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.